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## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet **1** of **1**

### Complete if Known

Application Number	<b>Unassigned</b>
Filing Date	<b>April 3, 2001</b>
First Named Inventor	<b>Kristopher P. Braud</b>
Group Art Unit	<b>Unassigned</b>
Examiner Name	<b>Unassigned</b>
Attorney Docket Number	<b>017017- 620004</b>

### OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS

Examiner Initials <sup>2</sup>	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
<b>Z</b>	<b>AI</b>	<b>"Patent Information@Your Fingertips," Provider CareNet Clinical</b>	
<b>Z</b>	<b>AJ</b>	<b>"General Health Information Network (GHIN)," General Health Systems, Inc.</b>	
<b>2</b>	<b>AK</b>	<b>"Health Level Seven (HL7)-HL7 Implementation Guide for Additional Information to Support A Healthcare Claim or Encounter," Health Level Seven, Inc., Feb. 1999</b>	
<b>Z</b>	<b>AL</b>	<b>"Message Development Framework," Health Level Seven, Inc.</b>	
<b>Z</b>	<b>AM</b>	<b>"Provider CareNet Financial," Provider HealthNet Services, Inc.</b>	

Examiner Signature		Date Considered	<b>4/11/03</b>
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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